

606 318 + 548
Work Order ID 100914

100914

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May-01-13 7:18:08 AM

Item ID: D3903-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Spacer

Stop

NS2

Start Date: 4/25/13

Start Qty: 40.00

40

Cust Item ID:

Required Date: 4/30/13

Req'd Qty: 40.00

40

Customer:

Reference:

Approvals:

Process Plan: MLS

Date: 13-05-03

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3903	B
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100

0.00

100

Hardinge

Memo

0.00

FK 13/05/22

40 0

Hardinge CNC Lathe Small

1-TURN AS PER FOLIO FA813 & DWG D3903,
FOLIO REV: B
DWG REV: A

2-DEBURR AS REQUIRED

110

QC2- Inspect parts off machine FAI/FAIB

0.00

FK 13/05/22

40 0

110

QC

Memo

0.00

Quality Control

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		
									<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		
									<input type="checkbox"/> Other		

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Item ID:	D3903-1	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:				Stop		*NS2*	
Item Name:	Spacer						
Start Date:	4/25/13	Start Qty:	40.00	*40*	Cust Item ID:		
Required Date:	4/30/13	Req'd Qty:	40.00	*40*	Customer:		
Reference:							
Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC	QC8- Inspect parts - second check	0.00	P0/B	13/05/23		41	0		DAS 08 9-89
Quality Control	Memo	0.00							
125 *125* Skidtubes	Memo	0.00	J.D/DP	13/05/27	(41)				
Skidtubes	Clean spacers with Ultra Aluminum Cleaner Batch: NPA								
130 *130* Packaging	Identify as per dwg & Stock Location: L.G	0.00	J.D/DP	13/05/27	(41)				
Packaging	Memo	0.00							

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

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Item ID:	D3903-1	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:				Stop		*NS2*	
Item Name:	Spacer						
Start Date:	4/25/13	Start Qty:	40.00	*40*	Cust Item ID:		
Required Date:	4/30/13	Req'd Qty:	40.00	*40*	Customer:		
Reference:							
Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140 *140* QC	QC21- Final Inspection - Work Order Release	0.00							13/5/2108
Quality Control	Memo	0.00							

el 13-05-27

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector							
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear	General																			
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>															
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>															
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>															
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>															
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>																
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>																
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>																
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>																
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>																	
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>																	
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>																	

Picklist Print

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Page 1

Work Order ID: 100914

Parent Item: D3903-1

Parent Item Name: Spacer

Start Date: 4/25/13

Required Date: 4/30/13

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP RevA: New issue DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6T0.375W.058 6061-T6 RD Tube .375 x.058W		Purchased	No			100	f	364.8490	0.345	14.526316			

Location	Loc Qty	Loc Code
MAT014	364.849	
116920	1.156	
119087	0.11	
123303	8	
123449	249.8	14.9
123844	97.517	
124069	8.266	

F.R 13/05/25

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																								
Part No. _____			NCR No. _____																																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector																															
Doc/Data																																												
Equip/Tooling																																												
Operator																																												
Material																																												
Setup																																												
Other																																												
Process																																												
Supplier																																												
Training																																												
Unapproved																																												
FAULT CATEGORY																																												
Landing Gear				General																																								
				Bending <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crushed/Crimped <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Ripples in Bend <input type="checkbox"/>	Torque Waves in Extrusion <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>

DART AEROSPACE LTD	Work Order:	100914
Description: Spacer	Part Number:	D3903-1
Inspection Dwg: D3903	Rev: B	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

Measured by:	<u>F.K.</u>	Audited by:	<u>PD/B</u> , <u>FOAS</u> <u>06</u>	Prototype Approval:	N/A
Date:	<u>13/05/22</u>	Date:	<u>13/05/22</u>	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	09.10.01	New Issue	KJ	

